

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # F09196

1. Entity Name
UNIQUE ELECTRONICS, INC.



Principal Place of Business
**1320 26TH STREET
ORLANDO, FL 32805 US**

Mailing Address
**P.O. BOX ~~0550860~~ 550860
ORLANDO, FL 32855 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2043069

Applied For
Not Applicable

5. Certificate of Status Desired **XX** **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES A GIULIANO
1320 26TH STREET
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000001501

02/27/08 00025-002 150.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SINGLETON, GEORGE J
STREET ADDRESS	416 MACEWEN DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	TS
NAME	GIULIANO, JAMES A
STREET ADDRESS	2290 BLOSSOMWOOD DR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	P
NAME	KLINGER, MICHAEL M
STREET ADDRESS	1304 LAKE WILLISARA CIR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Giuliano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Giuliano 02/01/08 407-422-3051

Date

Daytime Phone #